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Transmission by Facsimile on February 28, 2007

PATENT
Dkt. STL11288.00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Yaling Fan, Mark A. Toffle, Xu Zuo, and Srinivas Tadepalli
Assignee: SEAGATE TECHNOLOGY LLC
Application No.: 10/768,595 Group No.: 2627
Filed: January 30, 2004 Examiner: D. Mercedes
For: FLOW OR WINDAGE CONTROL FOR A CANTILEVERED HEAD ASSEMBLY

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$1,020.00

03/01/2007 HVUONG1 00000015 10768595

02 FC:1253

1020.00 DP

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

TRANSMISSION

☒ facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

Signature

Diana C. Anderson

Date: February 28, 2007

(type or print name of person certifying)

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE				ADDIT. FEE	
TOTAL	24	- 27	= 0	x \$ 50.00	=	\$		0.00	
INDEP.	4	- 3	= 1	x \$ 200.00	=	\$		200.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 0.00	=	\$		0.00	
TOTAL ADDIT. FEE								\$	200.00

Total additional fee for claims required \$200.00

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$1,220.00 to Credit card as shown on the attached credit card information authorization form PTO-2038.

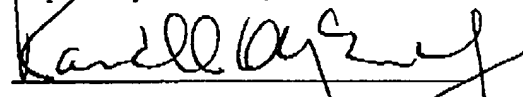
Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 06-0540.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 06-0540.
If an additional fee for claims is required, charge Account No. 06-0540.

Date: 2/28/07

Respectfully submitted,



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